## PART B - FEE(S) TRANSMITTAL

| Complete and send   |   |  | or <u>Fax</u>  | P.O. Box 14:<br>Alexandria,<br>(571)-273-28  | 50<br>Virginia 22313<br>85  |   |   |
|---|---|--|--|--|---|---|---|
| INSTRUCTIONS: This for appropriate and further control indicated units of indicated units of indication maintenance fee notification  | respondence including<br>below or directed other<br>as.   | transmitting the ISSI<br>the Patent, advance of<br>wise in Block 1, by (a  | JE FEE and PUBLIC<br>rders and notification<br>a) specifying a new o | CATION FEE (i<br>of maintenance<br>correspondence ac   | f required). Blocks<br>fees will be mailed<br>ddress; and/or (b) in   | I through 5 st<br>I to the current<br>indicating a sepa   | nould be completed where<br>correspondence address as<br>rate "FEE ADDRESS" for   |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)  37945  7590  09/06/2007  DUKE W. YEE  YEE AND ASSOCIATES, P.C. P.O. BOX 802333  DALLAS, TX 75380  |   |  |  | Note: A certific<br>Fee(s) Transmitt<br>papers. Each add<br>have its own cert<br>I hereby certify<br>States Postal Set<br>addressed to the | ate of mailing can<br>lai. This certificate of<br>ditional paper, such<br>tificate of mailing o<br>Certificate of M<br>that this Fee(s) Tran<br>rvice with sufficient | only be used for annot be used for as an assignment transmission.  ailing or Transmantial is being a postage for first FFEE address | r domestic mailings of the<br>or any other accompanying<br>nt or formal drawing, must<br>mission<br>deposited with the United<br>t class mail in an envelope<br>above, or being facsimile<br>ate indicated below. |
|   |   |  |  |  |   | 161   | (Depositor's name)  |
|   |   |  |  |  |   |   | (Signature) (Dete)  |
| APPLICATION NO.   | FILING DATE   |  | FIRST NAMED INVEN  | ITOR   | ATTORNEY  | DOCKET NO.  | CONFIRMATION NO.  |
| 10/696,113  | 10/28/2003  |  | Joey Stanford  |  | END920  | 030092US1   | 6925  |
| TITLE OF INVENTION: S   | YSTEM AND METHO   | D FOR TRANSCRIBI   | NG AUDIO FILES O   | F VARIOUS LA   | NGUAGES   |   |   |
| APPLN. TYPE   | SMALL ENTITY  | ISSUE FEE DUE  | PUBLICATION FEE I  | DUE PREV. PAI  | D ISSUE FEE TO  | TAL FEE(S) DUE  | DATE DUE  |
| nonprovisional  | NO  | \$1400   | \$300  | 1i   | <b>so</b><br>1/30/2007 AUOND  | \$1700<br>AF2 09928049  | 12/06/2007<br>1093457 10698113  |
| EXAMINER  |   | ART UNIT   | CLASS-SUBCLAS  | s  | FC:1591   | 1440.00 DA  |   |
| GODBOLD, DOUGLAS  |   | 2626   | 704-231000   |  | FC:1504   | 300.CJ DA   |   |
| I. Change of correspondenc<br>CFR 1/363).  Quange of correspond<br>Address form PTO/SB/1:  "Fee Address" indicat<br>PTO/SB/47; Rev 03-02 (<br>Number is required.   | (1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent   | names of up to 3 registered patent attorneys to OR, alternatively, name of a single firm (having as a member a ed attorney or agent) and the names of up to the patent attorneys or agent). If no name is name will be printed.  3 Wayne P. Bailey |  |  |   |   |   |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)   |   |  |  |  |   |   |   |
| PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |   |  |  |  |   |   |   |
| (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  The national Business  Annual AV  |   |  |  |  |   |   |   |
| International Business Armonk, NY<br>Machines Corporation   |   |  |  |  |   |   |   |
| Please check the appropriate  | assignee category or ca   | tegories (will not be pr   | inted on the patent):  | ☐ Individual   | Corporation or  | other private gro   | oup entity Government   |
| 4a. The following fee(s) are  Description for the following fee (s) are  Description fee (No a  | b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (DA-0-15-1) (enclose an extra copy of this form). |  |  |  |   |   |   |
| Advance Order - # or  | Copies  |  | overpayment, to  | creby authorized<br>Deposit Account  | Number <u>OA-O+</u>   | conclose a  | n extra copy of this form).   |
| 5. Change in Entity Status  a. Applicant claims S   | •   | •  | b. Applicant is no   | o longer claiming  | SMALL ENTITY  | status. See 37 CI   | FR 1.27(g)(2).  |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other par interest as shown by the records of the United States Patent and Trademark Office.                    |   |  |  |  |   |   | e assignee or other party in  |
| Authorized Signature  | Date 10-12-07   |  |  |  |   |   |   |
| Typed or printed name Peter B. Manzo  |   |  |  | Registr  | ation No. 54;   | 700   |   |
| This collection of informati<br>an application. Confidential<br>submitting the completed a<br>this form and/or suggestion<br>Box 1450, Alexandria, Virg<br>Alexandria, Virginia 22313<br>Under the Paperwork Redu   | •1430.  |  |  |  |   |   |   |